

Section 575.060 — False Declarations. Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty may be guilty of a Class B misdemeanor. **PLEASE TYPE OR PRINT IN BLACK INK**

I WOULD LIKE TO FILE MY COMPLAINT WITH THE FOLLOWING BOARD:

- | | |
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| <input type="checkbox"/> OFFICE OF ATHLETICS | <input type="checkbox"/> STATE BOARD OF OPTOMETRY * |
| <input type="checkbox"/> COMMITTEE FOR PROFESSIONAL COUNSELORS * | <input type="checkbox"/> STATE BOARD OF OCCUPATIONAL THERAPY * |
| <input type="checkbox"/> STATE COMMITTEE OF DIETITIANS | <input type="checkbox"/> STATE BOARD OF PODIATRIC MEDICINE * |
| <input type="checkbox"/> STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS | <input type="checkbox"/> STATE COMMITTEE OF PSYCHOLOGISTS * |
| <input type="checkbox"/> OFFICE OF ENDOWED CARE CEMETERIES | <input type="checkbox"/> REAL ESTATE APPRAISERS COMMISSION |
| <input type="checkbox"/> BOARD OF GEOLOGISTS REGISTRATION | <input type="checkbox"/> BOARD FOR RESPIRATORY CARE * |
| <input type="checkbox"/> BOARD OF EXAMINERS FOR HEARING INSTRUMENT SPECIALISTS * | <input type="checkbox"/> STATE COMMITTEE FOR SOCIAL WORKERS * |
| <input type="checkbox"/> INTERIOR DESIGN COUNCIL | <input type="checkbox"/> TATTOO ARTISTS |
| <input type="checkbox"/> LANDSCAPE ARCHITECTURAL COUNCIL | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> STATE COMMITTEE OF MARITAL AND FAMILY THERAPISTS * | _____ |

YOU MUST COMPLETE THE ATTACHED RELEASE FORM FOR THE BOARD, COMMISSION OR COMMITTEE MARKED WITH AN ASTERISK (*). WITH THE RELEASE FORM SIGNED THE CENTRAL INVESTIGATIONS UNIT CAN OBTAIN YOUR MEDICAL OR THERAPEUTIC RECORDS.

INFORMATION ABOUT YOU

YOUR NAME	TELEPHONE (DAYTIME) ()	TELEPHONE (EVENING) ()
ADDRESS (STREET, CITY, STATE, ZIP)		YOUR OCCUPATION
WHICH TELEPHONE NUMBER DO YOU PREFER WE CONTACT YOU AT IF WE NEED TO SPEAK WITH YOU?		TELEPHONE ()

INFORMATION ABOUT LICENSEE OR PERSON PRACTICING WITHOUT A LICENSE

PERSON NAME AND/OR COMPANY		TELEPHONE ()
ADDRESS (STREET, CITY, STATE, ZIP)	PROFESSION	LICENSE NO. (IF KNOWN)
<div> <div>YES</div> <div>NO</div> </div> <p>HAVE YOU CONTACTED LICENSEE OR UNLICENSED INDIVIDUAL ABOUT YOUR COMPLAINT?</p> <p>IF YES, DATE _____</p> <p>HAVE YOU HAD A PROFESSIONAL OR SOCIAL RELATIONSHIP WITH THE PERSON YOU ARE FILING THE COMPLAINT AGAINST?</p> <p>IF SO, PLEASE EXPLAIN _____</p>	<div> <div>YES</div> <div>NO</div> </div> <p>HAVE YOU CONTACTED AN ATTORNEY?</p> <p>HAS A LAWSUIT BEEN FILED?</p> <p>IT MAY BE NECESSARY FOR YOU TO TESTIFY AT A HEARING. ARE YOU WILLING TO TESTIFY?</p>	<div> <div>YES</div> <div>NO</div> </div>
ALL PERTINENT DOCUMENTS NEED TO BE ATTACHED		

NAME OF YOUR PRIVATE ATTORNEY (IF APPLICABLE)	TELEPHONE ()
ADDRESS (STREET, CITY, STATE, ZIP)	

WITNESS

NAME	ADDRESS

GIVE FULL DETAILS OF YOUR COMPLAINT. Be specific. What happened? When? USE BLACK INK. Type or print legibly. Use additional sheets if necessary. Please attach all pertinent documents regarding this complaint.

[illegible]

NOTICE: All complaints must be signed. Such signature also authorizes the Board/Committee/Commission to release a copy of the complaint to the licensee who is the subject of the complaint.

DATE